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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/739,207 | |
| | Filing Date | 12-19-03 | |
| | First Named Inventor | Adolph Mondry | |
| | Art Unit | 2829 | |
| | Examiner Name | | |
| Total Number of Pages In This Submission | 1 | Attorney Docket Number | |

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| Remarks On 8-11-04 I was diagnosed with Delusional Disorder. I retired from medicine. On 12-29-04 my license was suspended temporarily. I am under psychiatric care with total disability. | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Adolph Mondry | |
| Signature | <i>Adolph Mondry</i> | |
| Date | 3-14-05 | |

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